

POLICY INTERPRETATION REQUEST

DCSS 0014 FRONT (01/7/2005)

Before completing this form, please read the instructions on the reverse.

1. DATE OF REQUEST	2. REQUESTOR'S NAME	3. COUNTY
4. CASE NUMBER / FILE NAME	5. SUBJECT	

6. ISSUE / PROBLEM:

7. POLICY QUESTION:

8. RELEVANT CITES:

Civil Code:

Family Code:

Policy Letters:

Code of Federal Regulations:

Government Code:

Probate Code:

Other:

9. LCSA SUGGESTED RESPONSE (Optional):

10. LCSA COMMENTS (Optional):

11. COORDINATOR'S NAME	12. DATE	13. TELEPHONE NUMBER	14. COORDINATOR'S E-MAIL ADDRESS
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DCSS Comments:				DCSS USE ONLY	
ASSIGNED ANALYST	MANAGER	DCSS ASSIGNMENT LOG #	FILE PATH		
BRANCH CHIEF'S APPROVAL			DATE		

INSTRUCTIONS FOR COMPLETING THE POLICY INTERPRETATION REQUEST

DCSS 0014 BACK (01/07/04)

Each local child support agency (LCSA) must complete a Policy Interpretation Request in order to obtain policy interpretations from the California Department of Child Support Services. The LCSA coordinator is responsible for ensuring that all the required fields listed below are completed and any resources utilized in researching the issue/problem are documented on the Policy Interpretation Request before submitting the request to the California Department of Child Support Services.

Incomplete Policy Interpretation Requests will be returned to the coordinator.

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| <ol style="list-style-type: none">1. Date of Request: Required field. Enter the date the requestor completes the Policy Interpretation Request.2. Requestor's Name: Required field. Enter the name of the individual who is completing the Policy Interpretation Request.3. County: Required field. Enter the name of the county submitting the Policy Interpretation Request.4. Case Number/File Name: Required field. Enter the LCSA's case number or file name.5. Subject: Required field. Enter the subject of the policy interpretation, (e.g., arrears, foster case, case transfer, etc.)6. Issue/Problem: Required field. Describe the situation that has created the need for a policy interpretation. Please include all relevant background information necessary to make the issue/problem absolutely clear. Include details that identify the case or case circumstances, (e.g., case aid status, UAP balances, support order amounts, etc.).7. Policy Question: Required field. Concisely state the question(s) to be answered. | <ol style="list-style-type: none">8. Relevant Cites: Required field.9. Suggested Response: This is an optional field. If, after the coordinator or appropriate staff has completed the required research and formulates a proposed response to the policy question, the proposed response can be entered here and submitted to DCSS for confirmation.10. LCSA Comments: This is an optional field. Enter any comments the LCSA may have regarding the issue/problem.11. Coordinator's Name: Required field. Enter the name of the coordinator reviewing and verifying the completion of the Policy Interpretation Request before submitting the request to DCSS.12. Date: Required field. Enter the date the coordinator submits the Policy Interpretation Request to DCSS.13. Telephone Number: Required field. Enter the coordinator's telephone number.14. Coordinator's Email Address: Required field. Enter the coordinator's Email address. |
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